



ATTORNEY'S DOCKET NO. C1039/7020

SECTORI\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Reg, et al.
Serial No: 09/337,584
Filed: June 21, 1999
For: METHODS OF TREATING ALLERGIC AND ASTHMATIC DISORDERS USING
IMMUNOSTIMULATORY OLIGONUCLEOTIDES
Art Unit: 1635
Examiner: Unassigned

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the 13th day of September, 1999.

Kim Ray-Akeeli
Kim Ray-Akeeli

BOX: Missing Parts
THE ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith are the following documents:

- ☒ Copy of Notice to File Missing Parts
- ☒ An Executed Declaration/Power of Attorney
- ☒ Check in the amount of \$1550.00 to cover the surcharge and filing fee
- ☒ Postcard

CLAIMS AS FILED									
FOR	NUMBER FILED				NUMBER EXTRA		RATE		BASIC FEE
									\$ 760.00
TOTAL									
CLAIMS	48	-	20	=	28	x	\$ 18	=	\$ 504.00
INDEP.									
CLAIMS	5	-	3	=	2	X	\$ 78	=	\$ 156.00
MULTIPLE DEPENDENT CLAIM.....							\$130	=	\$
FILING FEE								=	\$ 1420.00
SURCHARGE								=	130.00
TOTAL DUE									\$ 1550.00

Enclosed is a check in the amount of \$1550.00 to cover the filing fee and Surcharge. Please charge Attorney's Deposit Account No. 23/2825 for any other fees which may be due in this matter. If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617)720-3500, Boston, Massachusetts. A duplicate of this sheet is enclosed.

Respectfully submitted,

Helen C. Lockhart, Reg. No. 39,248
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, MA 02210-2211
(617)720-3500

Attorney Docket No: C1039/7020
September 13, 1999
X9/12/99

BEST AVAILABLE COPY



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
--------------------	---------------------	-----------------------	---------------------------

09/337,584 06/21/99 KRIEG

DOCKETED
JUL 20 1999

C1039/7020-H

0232/0712

NOT ASSIGNED

HELEN C LOCKHART
WOLF GREENFIELD & SACKS PC
600 ATLANTIC AVENUE
BOSTON MA 02210

File Folder	<input checked="" type="checkbox"/>	Initials
ECB	<input checked="" type="checkbox"/>	
Docket Entry	<input checked="" type="checkbox"/>	
Docket Cross Off	<input checked="" type="checkbox"/>	
Order Copies	<input type="checkbox"/>	
Annuities	<input type="checkbox"/>	

9.12.99

1635

DATE MAILED:

07/12/99

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☒ non-small entity is \$ 1,568.

☒ 1. The statutory basic filing fee is:

- ☒ missing.
☐ insufficient.

Applicant must submit \$ 260 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☒ 2. The following additional claims fees are due:

\$ 522 for 29 total claims over 20.

\$ 156 for 2 independent claims over 3.

\$ _____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

☒ is missing or unsigned.

☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

[Signature]
Customer Service Center

1999 VVAN11 00000031 09337584

760.00 DP
130.00 DP
504.00 DP
144.00 DP